

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **Masahiko HIROSE**

Docket No.

04558.039001

Serial No.

09/462,109

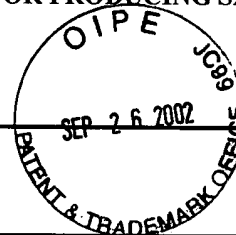
Filing Date

12/30/1999

Examiner

L. M. ROCHE

Group Art Unit

1771Invention: **COMPOSITE REVERSE OSMOSIS MEMBRANE AND METHOD FOR PRODUCING SAME**

I hereby certify that the following correspondence:

Amendment Transmittal Letter, Reply under 37 CFR Section 1.111 and Attachment, and Petition for Extension of Time*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

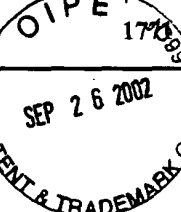
9/26/02*(Date)***Beri Hartwell***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EV178455387US***("Express Mail" Mailing Label Number)***EV178455387US****Note: Each paper must have its own certificate of mailing.**

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Masahiko HIROSE et al.

Docket No.
04558.039001Serial No.
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L.M. R che

Group Art Unit



Invention:

COMPOSITE REVERSE OSMOSIS MEMBRANE AND METHOD FOR PRODUCING SAMETO THE ASSISTANT COMMISSIONER FOR PATENTS:

22511

PATENT & TRADEMARK OFFICE

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☐ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0591
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

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TC 1700 MAIL ROOM

Jonathan P. Osha
Signature

45,925

Dated:

9/26/02

Jonathan P. Osha, Reg. No. 33,986
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